



STATE OF MAINE  
**Department of Public Safety**  
**Liquor Licensing**  
164 State House Station  
Augusta, Maine  
04333



APPLICATION FOR AUXILIARY LICENSE - \$100.00  
Check Payable: Treasurer State of Maine

The undersigned hereby applies for an auxiliary license and certifies that the applicant is the holder of a spirituous, vinous and malt restaurant, hotel license or club license located at a ski area / golf course.

1. Full Name of Applicant: \_\_\_\_\_  
(PLEASE PRINT) Last First Middle Initial

Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City/Town State Zip Code

2. Describe auxiliary premise and the location at the ski/golf area: \_\_\_\_\_

3. Do you have all necessary permits from the Department of Human Services for your auxiliary premise?

Yes ☐ No ☐

4. What is the distance from the premise to the nearest school, school dormitory, church, chapel or parish house, measured from the main entrance of the premise to the main entrance of the school, school dormitory, church, chapel or parish house by the ordinary course of travel? \_\_\_\_\_

Which of the above is nearest? \_\_\_\_\_

**NOTE:** The above application must be signed by the individual(s) or a duly authorized officer of the corporation executing the application and approved by the **Municipal Officers/County Commissioner** and filed with the Liquor Licensing & Inspection Division.

Dated at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
City/Town Date

\_\_\_\_\_  
\_\_\_\_\_  
Signature of Individual(s) or Duly Authorized Officer(s) of Corporation or if Partnership by Members of Partnership

\_\_\_\_\_  
\_\_\_\_\_  
Print Name

AuxLicApp/2008